Indiana State Department of Health

AND PLAN OF CORRECTION Description Desc	STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGSTON BLVD FORT WAYNE, IN 46802 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGS TAGS (R 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00158196 completed on 10-31-2014. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00165118 completed on 2-10-2015. Survey dates: March 16, and 17, 2015 Facility number: 012288 Provider number: 012288 Survey team: Christine Fodrea, RN, TC Angela Strass, RN Census bed type: Residential: 134 NCC: 10 Total: 144						1 ' '		
NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN OF FORT WAYNE (EACH DEFICIENCY MUST BE PRECEDED BY FORT WAYNE, IN 46802 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG WAYNE, IN 46802 (R 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN0016518 completed on 10-31-2014. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN0016518 completed on 2-10-2015. Survey dates: March 16, and 17, 2015 Facility number: 012288 Provider number: 012288 Survey team: Christine Fodrea, RN, TC Angela Strass, RN Census bed type: Residential: 134 NCC: 10 Total: 144						R-C		
LAMPLIGHT INN OF FORT WAYNE ((X4) ID PREFIX TAG (012288		B. WING					
ASSISTED Completed Compl	NAME OF PE	TE, ZIP CODE						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SECONDET STATE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (R 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on 12-22-2014 to the Investigation of Complaint IN00158196 completed on 10-31-2014. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00165118 completed on 2-10-2015. Survey dates: March 16, and 17, 2015 Facility number: 012288 Provider number: 012288 Provider number: 012288 Consus bed type: Residential: 134 NCC: 10 Total: 144	300 E WASHINGTON BLVD							
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	FORT WAYNE, IN 46802							
This visit was for a Post Survey Revisit (PSR) to the PSR completed on 12-22-2014 to the Investigation of Complaint IN00158196 completed on 10-31-2014. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00165118 completed on 2-10-2015. Survey dates: March 16, and 17, 2015 Facility number: 012288 Provider number: 012288 Survey team: Christine Fodrea, RN, TC Angela Strass, RN Census bed type: Residential: 134 NCC: 10 Total: 144	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	JLD BE COMPLETE		
the PSR completed on 12-22-2014 to the Investigation of Complaint IN00158196 completed on 10-31-2014. This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00165118 completed on 2-10-2015. Survey dates: March 16, and 17, 2015 Facility number: 012288 Provider number: 012288 Survey team: Christine Fodrea, RN, TC Angela Strass, RN Census bed type: Residential: 134 NCC: 10 Total: 144	{R 000}	INITIAL COMMENTS		{R 000}				
Medicaid: 97 Other: 47 Total: 144 Sample: 5 Lamplight Inn was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the Investigation of Complaint IN00158196. Quality review completed on March 17, 2015 by Randy Fry RN.		the PSR completed of Investigation of Completed on 10-31-2 This visit was in conjunction (PSR) to the Introduction (PSR) to the Investigation of Introduction (PSR) to the Investigation of Complete (PSR) to the Investigation (PSR) to the Investigation (PSR) to the Investigation (PSR) to the Investigation (PSR) to th	In 12-22-2014 to the plaint IN00158196 2014. Sunction with a Post Survey envestigation of Complaint ed on 2-10-2015. 16, and 17, 2015 2288 012288 In TC In the property of					

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE